



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES

EMERGENCY MEDICAL RESPONSE AGENCY LICENSE APPLICATION

FOR DOH OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

☐ INITIAL
LICENSURE

☐ RELICENSURE

INSPECTOR
ASSIGNED

EMRA LICENSE #

DATE APPLICATION REC'D.

DATE INSPECTOR
ASSIGNED

DATE OF FIRST
INSPECTION

DATE PASSED
INSPECTION

DATE LICENSED

EXPIRATION DATE

APPLICANT MUST COMPLETE INFORMATION BELOW TYPE OR PRINT

1. TRADE NAME OF EMERGENCY MEDICAL RESPONSE AGENCY

LOCATION OF EMERGENCY MEDICAL RESPONSE AGENCY (STREET, ROUTE, CITY, STATE, ZIP)

2. OPERATOR OF EMERGENCY MEDICAL RESPONSE AGENCY

NAME OF POLITICAL SUBDIVISION OR CORPORATION

NAME OF MANAGER

TELEPHONE NUMBER-BUSINESS

BUSINESS ADDRESS (STREET, ROUTE, ETC.)

TELEPHONE NUMBER-EMERGENCY

CITY

STATE

ZIP CODE

E-MAIL

FAX NUMBER

3. MEDICAL DIRECTOR

NAME (LAST, FIRST, MI)

☐

M.D.

☐

D.O.

ADDRESS (STREET, ROUTE, ETC.)

OFFICE TELEPHONE NUMBER

CITY

STATE

ZIP CODE

E-MAIL

FAX NUMBER

I HEREBY CERTIFY that I am aware of the qualification requirements and the responsibilities of an emergency medical response agency medical director and I agree to serve as medical director.

SIGNATURE OF EMERGENCY MEDICAL RESPONSE AGENCY MEDICAL DIRECTOR

DATE

4. EMERGENCY MEDICAL RESPONSE AGENCY LICENSEE

NAME OF POLITICAL SUBDIVISION OR CORPORATION

NAME OF CEO

TELEPHONE NUMBER-BUSINESS

BUSINESS ADDRESS (STREET, ROUTE, ETC.)

TELEPHONE NUMBER-EMERGENCY

CITY

STATE

ZIP CODE

E-MAIL

FAX NUMBER

I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge. I further certify that the above named Emergency Medical Response Agency has both the intention and the ability to comply with the regulations promulgated under the Comprehensive EMS Act, Chapter 190, RSMo 1998.

I have attached all Emergency Medical Response Agency licensure and related administrative licensure actions taken against this Emergency Medical Response Agency or owner by any state agency in any state.

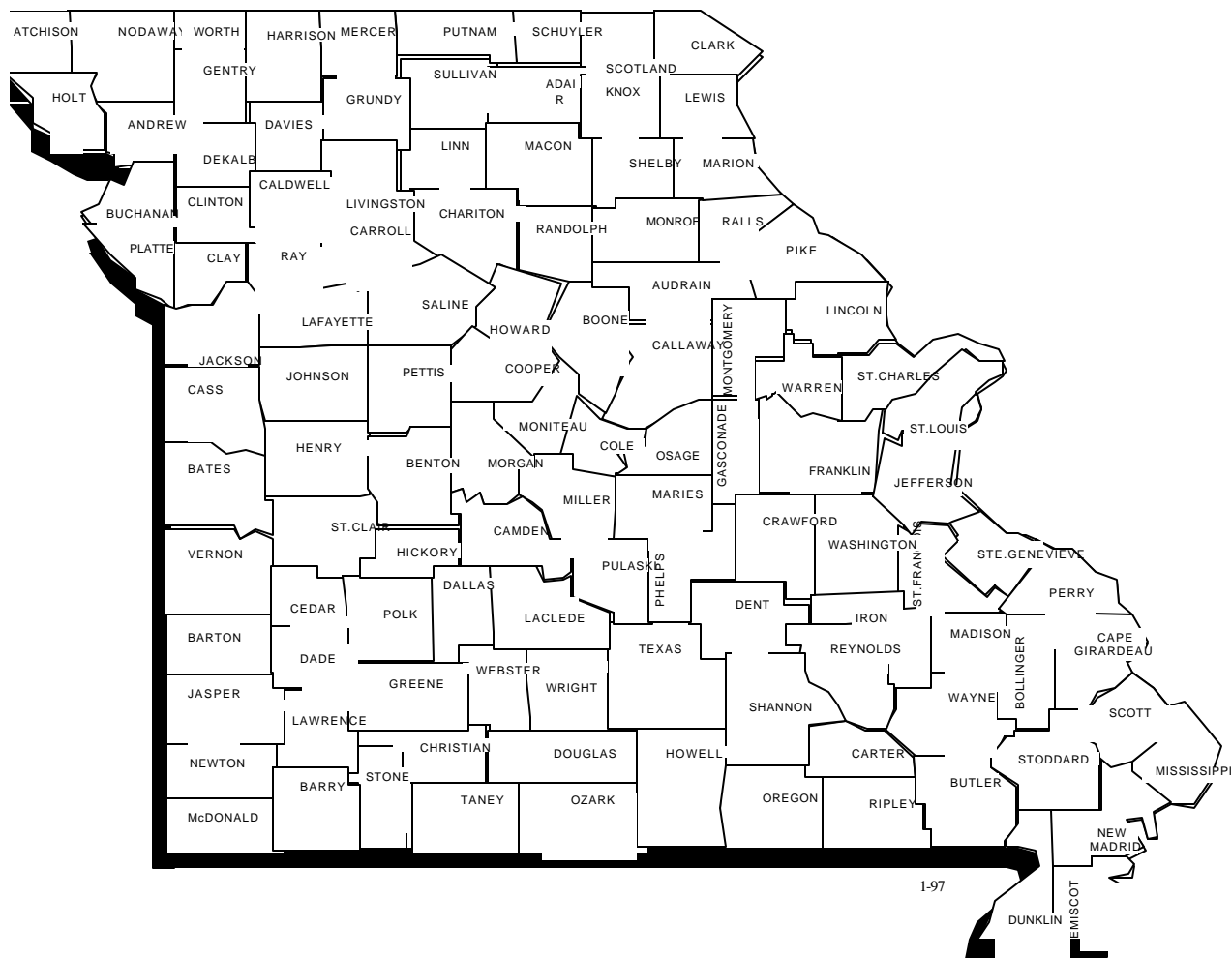
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF EMERGENCY MEDICAL RESPONSE AGENCY

DATE

WARNING; In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor. Missouri statutes 575.060.

Mail Application to: Bureau of Emergency Medical Services, P.O. Box 570, Jefferson City, MO 65102

MAP OF EMERGENCY MEDICAL RESPONSE AGENCY SERVICE AREA – Clearly show your service area on the map below:



Provide a legal description of the emergency medical response agency service area below:

List names of ambulance services in your response area:

1.

2.

3.

Do you have a memorandum of understanding with each of the ambulance services listed above?

YES ☐

NO ☐